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APPLICANTS

Menashe Shahar, Moshav Korazim, ISRAEL;

Meir Tenne, Yoqneam Village, ISRAEL;

** CONTINUING DATA *****

This appln claims benefit of 60/248,593 11/16/2000

** FOREIGN APPLICATIONS *****

(none)

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** SMALL ENTITY **

** 11/28/2001

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged Examiner's Signature Initials	ISRAEL	5	43	6

ADDRESS

001444
 BROWDY AND NEIMARK, P.L.L.C.
 624 NINTH STREET, NW
 SUITE 300
 WASHINGTON , DC
 20001-5303

TITLE

Diagnostic system for the ear

FILING FEE RECEIVED 768	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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